

**APPLICATION FOR VOLUNTARY MOBILIZATION PREASSIGNMENT**

For use of this form, see AR 601-10; the proponent agency is DCS, G-1

**DATA REQUIRED BY THE PRIVACY ACT OF 1974****AUTHORITY:** 10 USC 12301d and 688.**PRINCIPAL PURPOSES:** Pertinent information concerning any discrepancies in individual's marital status, education, date of birth, and social security number is obtained from the retiree to keep his/her master personnel file up to date.**ROUTINE USE:** Information is used to update the individual's personnel record to determine availability for mobilization in the event of a national emergency.**DISCLOSURE:** Disclosure and effect on individual not providing information: The execution of this form is voluntary to retirees. Failure to furnish information requested may result in denial of a voluntary preassignment.

**Commander, HRC - St. Louis  
ATTN: AHRC-PLM-P  
1 Reserve Way  
St. Louis, Missouri 63132-5200**

1.a. I hereby volunteer for preassignment to (*Installation or geographic area*)b. I  will  will not accept an alternate assignment.

c. I understand that I may withdraw this application at any time and that retirees meeting the recall age criteria may subsequently be involuntarily preassigned

**2. APPLICANT INFORMATION** (*Please print or type all information provided in blocks 2a through m.*)a. NAME (*Last, first, middle*)

b. DATE OF BIRTH

c. ADDRESS (*Include ZIP Code*)d.(1) HOME PHONE (*Include area code*)d.(2) BUSINESS PHONE (*Include area code*)e. RETIRED COMPONENT (*Check one*) RA AUS USAR

f. RETIRED GRADE

g. BRANCH (*Officers only*)

h. DATE PLACED IN RETIRED STATUS

i. MARITAL STATUS

j. NUMBER OF DEPENDENTS

k.(1) MOS/SSI/AOC

k.(2) SMOS/ASSI (*Skill*)l. PHYSICAL STATUS (*Self-assessment*)**IF CURRENTLY PREASSIGNED, INCLUDE COPY OF ORDERS.**

3. SIGNATURE

4. DATE